

APPLICANT(S): Sergey POPOV
SERIAL NO.: 10/579,534
I.A. FILED: November 11, 2004

REMARKS

The present response is intended to be fully responsive to all points of objection and/or rejection raised by the Examiner and is believed to place the application in condition for allowance. Favorable reconsideration and allowance of the application is respectfully requested.

35 U.S.C. § 103 Rejections

Claims 67-74 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent No. 5,755,709 to Cuppy, herein after referred to as C, in view of U.S. Patent PG Publication No. 2004/0181192, herein after referred to as D. Applicant respectfully traverses this rejection in view of the remarks that follow.

Regarding Claim 67, Applicant agrees that “C fails to disclose the cap and the use of a luer lock”.

The Examiner asserts that “D teaches a luer lock (Fig 2) catheter cap....for occluding a proximal opening of said catheter..., said catheter cap being detachably mounted on said needle assembly”. However, nowhere does D teach or suggest that vascular access device 10 or cap 100 are detachably mounted on a needle assembly.

Claim 67 also recites “mounting means for detachable mounting of said catheter cap on said needle assembly”. D lacks this limitation as vascular access device 10 and cap 100 are not mounted on a needle assembly.

Claim 67 also recites “said mounting means includes stabilizing means that prevents rotation of said tapered male luer member with respect to said needle assembly when mounting said catheter cap onto said catheter”. Since vascular access device 10 in D lacks the recited mounting means for detachable mounting on a needle assembly, it also lacks the recited stabilizing means which, as the claims recite, are a part of mounting means. Cap 100 in D also lacks the recited mounting means for detachable mounting on needle assembly. Cap 100 in D is connected to vascular access device 10, but not to a needle assembly. Applicant agrees with the Examiner that in D “once the cap 100 is completely screwed on, it can no longer be moved

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axially”. However, the claims further recite “stabilizing means that prevents rotation of said tapered male luer member with respect to said needle assembly”. Therefore, the stabilizing means in D works differently than it does in the claimed device.

Claim 67 also recites “when said needle assembly is in said protected position said catheter cap is positioned at either of said ends of said needle assembly, and said tapered end of said tapered male luer member is directed proximally when said catheter cap is positioned at said proximal end of said needle assembly and distally when said catheter cap is positioned at said distal end of said needle assembly”. In C and D such interrelated limitations are absent.

Claim 68 recites “said mounting means has first and second mounting elements one of which is disposed on said needle assembly and the other on said catheter cap”. While the Examiner asserts that this limitation is found in D, Applicant respectfully disagrees as D does not describe a needle assembly.

Claim 69 recites “said catheter cap is detachably retained on said needle assembly by friction between said first and second mounting elements”. While the Examiner asserts that this limitation is found in D, Applicant respectfully disagrees as vascular access device 10 is not mounted on a needle assembly. Cap 100 is mounted not on a needle assembly, but is mounted on vascular access device 10.

Claim 70 recites “shielding means preventing said tapered luer member from accidental contact with an operator, wherein said shielding means is made as a shielding wall enclosing said tapered male luer member and protruding beyond said tapered end”. In D, shielding wall 16 (Fig 1) doesn’t enclose a tapered male luer member and doesn’t protrude beyond a tapered end.

Claim 71 recites “...catheter cap is disposed on said protector”, whereas D neither teaches nor suggests a protector as an element of D’s device.

Claim 72 recites “...said needle assembly includes a hub, and wherein said catheter cap is disposed on said hub”, whereas D neither teaches nor suggests a hub as an element of D’s device

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Claim 73 recites "...one of said mounting elements is disposed on said needle assembly and forms a receptacle in which said catheter cap is housed and wherein said receptacle acts as said shielding means", whereas D neither teaches nor suggests a needle assembly and a receptacle.

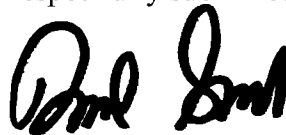
In order to support a *prima facie* case of obviousness, all claim limitations must be taught or suggested by the prior art (see *In re Royka*, 490 F.2d 981, 985, 180 USPQ 580, 583 (CCPA 1974)). Applicant respectfully submits a *prima facie* case of obviousness is therefore not supported, as neither C nor D, alone or in combination, teach or suggest a catheter cap that is detachably mounted on a needle assembly. Furthermore, as the combination of C and D lacks one or more of the recited claim limitations, any purported motivation to combine C and D is irrelevant to the claimed invention. Claim 67 is therefore deemed allowable.

Claims 68 – 74 depend from claim 67 and are, *a fortiori*, deemed allowable.

In view of the arguments presented above, Applicant respectfully requests that the rejection of claims 67 – 74 under 35 U.S.C. §103(a) be withdrawn.

Favorable action is courteously solicited.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Daniel Swirsky", written in a cursive style.

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